



### Geriatric Support Assessment

The Comprehensive Geriatric Consultation Assessment is a valuable method for our professional Geriatric Assessment Team to complete a whole-person assessment. Because you accompanied **Mary Smith** today, we would like to ask for your input and to answer some questions.

This information will assist the Geriatric Assessment Team in two ways: 1) the team will learn about your role in relation to **Mary Smith**; and 2) the team will learn what, if any, concerns you may have. **Please note that we will not share these answers with the person you accompanied today.**

Your First Name: Jane Last Name: Jones

Street Address: 12345 Pleasant View Drive Apt: \_\_\_\_\_

City: Reno State: NV Zip Code: \_\_\_\_\_

Phone: 775-123-4567 Cell: 775-765-4321 Email: \_\_\_\_\_

Best Time to Contact You: Evenings are best

Your relationship to the person we are assessing today: Daughter

Do you live together in the same house?  Yes  No

What is your understanding of the reason we are conducting the assessment today? Please identify your worries/concerns. Also please let us know about any medical, physical, cognitive, and/or mental problems that you are concerned about / have noticed for this person.

My mother has lived alone for 5 years after my dad died. She has managed well until the last 2 yrs.

At first, she complained about forgetting where she put her keys, or bills she wanted to pay. She told

me she eventually found the items. In the last six months she complained more about forgetting. I

would check about paying bills, taking her medications and sometimes she would tell me she

was not sure if she had done those things. We started paying the bills together and I set up a pill box.

Now when I go to check on her, she has not always dressed in street clothes, there are dishes in the

sink, and her hair looks dirty.

\_\_\_\_\_  
\_\_\_\_\_

How do you support and assist the person we are assessing on a daily and week-to-week basis?

	Does the person we are assessing today need assistance with any of the following activities? (Please check either yes or no)		IF YES, do you provide assistance with any of the following activities? (Please check all that apply)
	Yes	No	
Eating	<input type="checkbox"/>	X	<input type="checkbox"/>
Bathing	<input type="checkbox"/> I don't know	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/> I don't know	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	X	<input type="checkbox"/>
Shopping	X	<input type="checkbox"/>	X
Laundry	<input type="checkbox"/> I don't know	<input type="checkbox"/>	<input type="checkbox"/>
Using transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring in/out of bed/chair	<input type="checkbox"/>	X	<input type="checkbox"/>
Money management	X	<input type="checkbox"/>	X
Taking own medications	<input type="checkbox"/> I think so	<input type="checkbox"/>	<input type="checkbox"/>
Using the phone	<input type="checkbox"/>	X	<input type="checkbox"/>
Food Preparations	<input type="checkbox"/>	X	<input type="checkbox"/>
Light Housework	<input type="checkbox"/>	X	<input type="checkbox"/>
Heavy housework	X	<input type="checkbox"/>	<input type="checkbox"/>

In what other ways do you support and assist the person we are assessing on a daily and week-to-week basis?

I think my mom needs more help at home. Possibly a housekeeper.

I am really concerned that she is not taking care of her personal hygiene. I hesitate to say anything.

My mom and I go to the grocery- it is a way to have an outing. I don't know if she could go by herself- she occasionally drives to the store for a few items.

Does the person we are assessing today require the use of any special equipment? (Check all that apply)

Cane     Walker     Special telephone     Wheelchair     Oxygen

Other (specify) None

Please let us know if there is anything you would like or need to support you.

I don't know what to do. Should I offer to do more for her, and if so, what would that be?

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I work full-time; should I quit my job or go to part-time?

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Do I need to go see her everyday to check on her?

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My mom does have some money in the bank; she is not wealthy.

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If my mom needs more help at home, how much does it cost?

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Please let us know any comments, questions, or information that you believe would be valuable for the Geriatric Assesement Team to know.

I have a brother and sister; both live in the mid-west. They call our mom, but I don't know if they pick up on the decline. It is really hard to describe to them what I notice. They kind of brush me off.

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What can we expect as far as her memory is concerned? Does she have Alzhiemer's?

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Will she need a nursing home soon?

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Please proceed to the next page

Please answer each question below by circling the number in the box that corresponds to the frequency of the feeling. Please be honest - your responses will not be shared with the person we are assessing.

	Never	Rarely	Some times	Quite Frequently	Nearly Always
Do you feel that because of the time you spend with the person we are assessing that you don't have enough time for yourself?	0	1	<b>X</b>	3	4
Do you feel stressed between caring for the person we are assessing and trying to meet other responsibilities (work/family)?	0	1	<b>X</b>	3	4
Do you feel angry when you are around the person we are assessing today?	<b>X</b>	1	2	3	4
Do you feel that the person we are assessing currently affects your relationship with family members or friends in a negative way?	0	<b>X</b>	2	3	4
Do you feel strained when you are around the person we are assessing today?	0	1	<b>X</b>	3	4
Do you feel that your health has suffered because of your involvement with the person we are assessing today?	<b>X</b>	1	2	3	4
Do you feel that you don't have as much privacy as you would like because of the person we are assessing today?	<b>X</b>	1	2	3	4
Do you feel that your social life has suffered because you are caring for the person we are assessing today?	0	<b>X</b>	2	3	4
Do you feel that you have lost control of your life since the person we are assessing today's illness?	<b>X</b>	1	2	3	4
Do you feel uncertain about what to do about the person we are assessing today?	0	1	2	<b>X</b>	4
Do you feel that you should be doing more for the person we are assessing today?	0	1	2	<b>X</b>	4
Do you feel you could do a better job in caring for the person we are assessing today?	0	1	<b>X</b>	3	4

Thank you for your time to provide the Geriatric Assessment Team with this information.